CLUSTER: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

Component CE.4:

Appropriate early intervention services in natural environments and informal supports meet the unique needs of eligible infants and toddlers and their families?

Data Sources:

- SPOE Data Collection System
- Peer Monitoring Reports
- State and Local Interagency Agreements
- LPCC Request For Funds (RFF)
- ICC Annual Reports 1998 – 2001
- Indiana's Integrated Services for Children with Special Health Care Needs SPRANS Grant Report, 1997-2002
- Memorandums of Understanding (list from consultants)
- Unified Training System Semi-Annual Reports
- State Complaint Log
- Quarterly County Profile Reports
- Quarterly Statewide Profile Reports
- Evaluation of the Effects of the Central Reimbursement Office/System Point of Entry on Indiana's Early Intervention System-- Utah State University (1998)
- "Fulfilling the Promise of Early Intervention: Rates of Delivered IFSP Services", Journal of Early Intervention 2001, Volume 24, No. 2.

Performance Level: Meets Expectations

Conclusions:

- SFY 2001 data indicates that 90% of all direct child treatments were delivered in the natural environment. Locations include home, childcare, and nursery schools, among others.

- Partnerships with the early childhood education providers, Children's Special Health Care Services, with Early Head Start and with Healthy Families have resulted in increased opportunities for young children and their families through cross training and interagency agreement and non-duplicative services.

- The IFSP includes several statements regarding the use of the child's normal routines and activities in the provision of early intervention services. Examples of requested information are persons and activities in which the children currently engage. When services can not be satisfactorily achieved in the natural environment, the IFSP team must identify barriers and strategies to address the child and family's needs.

- An analysis of exit codes for children leaving the First Steps system indicate that in SFY 2001, 1,400 children left before age three because they were no longer eligible, indicating these children had achieved appropriate developmental milestones. Documentation to support this would be contained in evaluation and assessment data as well as clinician records for these individual children.

- Each Local Planning and Coordinating Council (LPCC) is required to conduct an annual parent survey that addresses the needs and satisfaction of parents with the system. Although there is no standard survey or collection process, all councils must report results of their surveys and any required action. During review of the local reports submitted with their annual action plan, or through the peer monitoring system no systemic concerns were noted. Consideration is being given to standardizing the evaluation process.

Strategies:

- In the outcome evaluation process that is currently being piloted, developmental gains would be documented through parent report and clinician observation and will be captured electronically. If adopted, these data elements will be captured in existing documentation and data will be available on a routine, statewide basis.

- The lead agency is in the process of modifying the exit codes to more accurately reflect the transition activities of children. Once the codes have been modified, the lead agency will ensure that training and technical assistance is available.

- Consideration will be given to enhancing current SPOE software that would allow unmet needs of families and children to be recorded electronically.

INDICATOR ANALYSIS

Performance Indicator:

Opportunities for community-based services, as a result of system's capacity building, increase.

Data Sources:

- ICC Annual Reports (1998 – 2001)
- Indiana's Integrated Services for Children With Special Health Care Needs SPRANS Grant Report, 1997-2002
- State Memorandums of Understanding:
    * Department of Health
    * Office of Medicaid Policy and Planning
    * Intra-agency agreement between programs with FSSA

- LPCC Memorandums of Understanding with referral sources and school systems

Conclusions:

- Partnerships with the early childhood education providers, Children's Special Health Care Services, with Early Head Start and with Healthy Families have resulted in increased opportunities for young children and their families through cross training and interagency agreement and non-duplicative services.

- Extensive work with the Child Care Resource and Referral Agencies at the state and local level have resulted in training and technical assistance to local providers to support successful placement of young children with special needs in child care centers and homes. Videos, brochures and training materials have resulted in a three tiered approach. Level One is general awareness and this module has been incorporated into CDA training. Level Two focuses on specific skill development in working with young children with special needs, Level Three provides child specific support to individual child care providers.

- The Healthy Families home visiting program provides supportive family training activities that can meet the more intensive and broad-based needs of vulnerable families. The program serves as a major referral source in many Indiana counties. In addition, Healthy Families and First Steps have joined in several collaborative projects, including child find and public awareness. In SFY 2001, Healthy Families was the primary referral source for 300 First Steps children.

- With the increase of Early Head Start in Indiana, the collaboration between these two programs has grown. Head Start is a required member of the local planning and coordination council, which identifies the needs of the community.

- The Community ChildCare Initiative was launched in September of this year. Partners in the initiative include the Indiana Child Care Fund, Inc. (ICCF), Indiana's Family and Social Services Administration, and local communities. The initiative is designed to provide financial assistance to aid local communities in their efforts to develop comprehensive strategies to improve the quality of child care, mobilize the financial resources needed to successfully deploy those strategies, and to demonstrate significant results that directly benefit Hoosier children. The competitive grant program requires communities to form strong public-private partnerships and identify local projects through a needs assessments which address quality improvements in any of the following three areas: Infant & Toddler Care, Care for Children with Special Needs, or Overall Quality Expansion.

- The Division of Family and Children formed a Special Needs Task Force in November 2000, comprised of experts across the state in the field of children with special needs. The focus of the task force includes costs involved in providing child care to a child with special needs; funds available for services for these children; availability and knowledge of child care service providers that are serving children with special needs; and child care subsidy reimbursement rates. Recommendations were made to and accepted by the director of the Division of Family and Children that address the development of specific action items and timelines for implementation. Some of these were to:
  *Identify financial barriers as to why providers cannot care for special needs children;
  *Develop minimum standards for quality;
  * Educate parents and providers on legal requirements that apply to child care;
  *Provide more information to parents about resources and their rights; and
  *Develop an effective state monitoring system.

Strategies:

- Follow-up and implementation of special needs task force recommendations by Division of Family and Children.

- Develop and implement statewide plan to increase inclusive childcare experiences for children with special needs.

Performance Indicator:

What percentage of children are receiving age-appropriate services primarily in home, community-based settings and in programs designed for typically developing peers?

Data Sources:

- SPOE Data Collection System
- Quarterly County and Statewide Profile Reports

Conclusions:

- SFY 2001 data indicates that 90% of all direct child treatments were delivered in the natural environment. Locations include home, child care, and nursery schools, among others

- The following data reflect the percentage of children receiving any service in the identified locations. Since children receive services and supports in more than one location, these percentages will reflect a duplicated number of children.

90.6%	1 Home
7.5%	2 Family Child Care
7.6%	3 Nursery School Child Care
22.6%	4 Outpatient Facility
21.4%	5 Early Intervention
0.4%	6 Hospital Inpatient
1.5%	7 Residential Facility
49.9%	8 Other Setting

- In order to meet the individualized needs of every child, funding continues to be provided for travel to service settings as identified in individual IFSPs. In addition to the support for families' travel expenses, early intervention rates for services provided in the child's natural environment encompass a rate differential to reimburse providers for expenses related to off-site service provision.

- The IFSP includes several statements regarding the use of the child's normal routines and activities in the provision of early intervention services. Examples of requested information are persons and activities in which the children currently engage. When services can not be satisfactorily achieved in the natural environment, the IFSP team must identify barrier and strategies to address the child and family's needs.

Strategies:

- While the majority of services are being delivered in natural environments, a continuum of service settings must be available for families. The lead agency will continue to emphasize the concept of natural environments as the daily routines, activities and settings for an individual child.

Performance Indicator:

Preservice and inservice training addresses the identified CSPD needs.

Data Sources:

- Unified Training System Semi-annual Report
- Peer Monitoring Reports
- State Complaint Log

Conclusions:

- The Unified Training System (UTS) was created in 1994 to support a collaborative model of training. The Division of Special Education and the Part C lead agency collaborated to build a training system that met the CSPD needs of providers of services to young children from birth to six. Eight training entities representing three universities, the UAP and 2 parent organizations were among the first collaborators to establish a comprehensive training and technical assistance system. Additional collaborative partners have been Head Start/Early Head Start and the child care community. By standardizing training formats, establishing a central training calendar, and utilizing a common evaluation process, the UTS has increased the consistency, quality and equitable distribution of training events statewide. As a standard part of evaluation, participants are asked to identify other training topics and opportunities they would like to improve the quality of their services.

- A formal needs assessment is conducted every two years to identify emerging issues and topics for training. That data is combined with information from peer monitoring, state complaints and the technical assistance efforts of state consultants to identify training priorities for the UTS.

- Local Planning and Coordinating Councils have built relationships with local universities and educational facilities. In-service and speaking opportunities have been conducted at the local level.

Strategies:

- The lead agency and local planning and coordinating councils will continue to build relationships with local universities to provide input on early childhood development and early intervention.

Performance Indicator:

What percentage of children participating in the Part C program demonstrate improved and sustained functional abilities?

Data Sources:

- SPOE Data Collection System

Conclusions:

- An analysis of exit codes for children leaving the First Steps system indicate that in SFY 2001, 1,400 children left before age three because they were no longer eligible, indicating these children had achieved appropriate developmental milestones. Documentation to support this would be contained in evaluation and assessment data as well as clinician records for these individual children.

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- Exit codes also show 27% of children exiting at age three do not go on to services in special education. While a percentage of those children undoubtedly would be ineligible due to developmental progress, we are unable to clearly identify how many. Data shows an additional 417 children exited with the code Transitioned—No Services Needed. Anecdotal evidence suggests that the use of exit codes, particularly the ten codes used at the time of transition, is not clearly understood or consistently utilized in the field. These exit codes viewed in isolation may not be meaningful.

Strategies:

- In the outcome evaluation process that is currently being piloted, developmental gains would be documented through parent report and clinician observation and will be captured electronically. If adopted, these data elements will be captured in existing documentation and data will be available on a routine, statewide basis.

- The lead agency is in the process of modifying the exit codes to more accurately reflect the transition activities of children. Once the codes have been modified, the lead agency will ensure that training and technical assistance is available.

Performance Indicator:

What percentage of children and their families receive all the services identified on their IFSP?

Data Sources:

- Evaluation of the Effects of the Central Reimbursement Office/System Point of Entry on Indiana's Early Intervention System-- Utah State University (1998)
- SPOE Data Collection System
- "Fulfilling the Promise of Early Intervention: Rates of Delivered IFSP Services", Journal of Early Intervention 2001, Volume 24, No. 2.

Conclusions:

- Inherent in this age group are illnesses, family emergencies, weather issues, etc. that interfere with 100% participation in authorized services. The latest data Indiana has available on percentage of IFSP services delivered is contained in the Utah State University Year One Evaluation Report (study conducted 1997-1998). That study shows the rate of IFSP services actually delivered varied between 55% and 60% for the four primary services (Developmental, Physical, Occupational and Speech Therapies). The rate of services delivered off-site is slightly higher (60%+) than the rate of services delivered on-site (<60%).

- There is further discussion of this issue in the latest Journal of Early Intervention, published by the Division of Early Childhood, Council of Exceptional Children. The article was based on a study done by Deborah Perry of Georgetown University, Maureen Greer of Indiana's Family Social Services Administration, and Karleen Goldhammer and Susan Mackey-Andrews of Solutions in Augusta, Maine. Data indicate that for the study population (n=6279) across a three month time period, approximately 55% of authorized services were delivered.

- Because of the structure of the current data system, a quantitative analysis of the difference between authorized and delivered services is problematic. The state is unable to provide more current data at this time.

Strategies:

- Design and implement a method of quantifying service delivery data to monitor the delivery of authorized services and ensure that there are no systemic issues creating the variance.

- Based on data derived from billing and authorizations, develop strategies to address any potential concerns.